

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002364	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/25/2016
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

DANVILLE CARE CENTER

**1701 NORTH BOWMAN
DANVILLE, IL 61832**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint #1660946/IL83523	S 000		
S9999	Final Observations STATEMENT OF LICENSURE VIOLATIONS: Section 300.690 Incidents and Accidents b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. This Requirement is not met as evidenced by: Based on interview and record review the facility failed to notify the Department within 24 hours after a reportable incident for R1 relating to a fall with injuries. R1 is one of three residents reviewed for falls in a sample of three. Findings include: The Physicians Order Sheet (POS) dated February 2016 lists the following diagnoses for	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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NAME OF PROVIDER OR SUPPLIER DANVILLE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1701 NORTH BOWMAN DANVILLE, IL 61832		
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S9999	Continued From page 1 R1: Convulsions, Osteoarthritis, Diabetes Mellitus Type II, Dementia and Chronic Kidney Disease Stage 4. The Minimum Data Set (MDS) dated 11/20/15 documents R1 to be severely cognitively impaired, totally dependent on two staff for bed mobility, transfers and toileting. The MDS documents R1's balance is unsteady and has impairment on both sides for upper and lower extremities. R1's Restorative Screening form dated 11/14/15 documents the following information: (R1's) cognitive level is severely impaired, (R1) requires extensive to total assist with all ADLS (activities of daily living). Mobility for (R1) documented in the restorative screening form states total dependence for positioning in the wheelchair (w/c) and preparing for safe transfer and (R1) requires total dependence to be able to sit from supine position and to roll from side to side. The restorative assessment states R1 requires an adaptive wheel chair for mobility. R1's fall risk assessments dated 9/20/15 and 12/20/15 documents R1 is moderate risk for falls and unable to independently come to a standing position and is confined to a chair and disoriented. The facility's form titled "Accident/Incident Report" dated 2/19/16 at 11AM documents "(R1) was observed by CNA (certified nurse assistant) laying on right side in front of w/c beside bed. (R1) was previously sitting in w/c. ..Laceration noted to forehead, top of scalp with moderate bleeding noted, bruise noted to bridge of nose....complains of pain with passive range of motion to right shoulder, right hip and right knee. Red areas noted at these sites.... (R1) sent to emergency room for evaluation and treatment. The section of the report titled "Interventions implemented:" states "(R1) was switched wheelchair from adaptive wheelchair to regular wheelchair, (R1) should be placed back in the adaptive wheelchair,	S9999			

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S9999	Continued From page 2 (R1) should be not in room by herself, (R1) to be laid down after meals." Section titled "Summary of Investigation Root Cause" documents (R1) had recently been moved to a regular wheelchair from the adaptive wheelchair, the new chair sits up straight in the back." Section titled "Recommendations/New Interventions" documents "will place (R1) back into (adaptive wheelchair)." R1's nurses notes dated 2/19/16 documents R1 was found on the floor in room, R1 was noted to have a laceration to forehead at the scalp, bruising to bridge of nose and reddened areas to the right shoulder, right knee and right hip. The nurses note continues to document (R1) complains of pain upon passive range of motion to right knee and hip. R1's Physician was notified and R1 was sent to emergency room for evaluation and treatment an ambulance was notified for transfer of R1 to emergency room. The facility policy titled "Accident/Incident with Head Involvement /Injury" revised date 3/18/15 states under the section titled "C. Reporting of Accident/Injury with Head Involvement: #5 : If there is a serious incident or injury (according to section 300.690 Administrative code) a brief report of the Accident/Incident, on an IDPH (Illinois Department of Public Health) Information Fax Sheet will be sent to the IDPH via fax, within 24 hours. A more detailed final report will be sent within 7 days of the initial report." E1, Administrator stated on 2/23/16 at 11AM, "No I did not report this to IDPH. I did not need to, there were no serious injury that took place. We have a policy that states if any resident falls and hits their head we will send them to the emergency room for treatment and evaluation. I did not report this incident. Yes (R1) did go to the hospital and yes (R1) was transferred to another hospital from the emergency room at the local	S9999			

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S9999	Continued From page 3 hospital but (R1) returned to the facility. (R1) did not have any fractures just laceration and bruising." (B)	S9999		